

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
1 August 2004

THIS IS NOT A CIVIL SERVICE POSITION

IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **Friday, 27 August 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 02 (22T)
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: acquisitions@nmlc.med.navy.mil
TELEPHONE: 301-619-8277

A. NOTICE. This position is set aside for an individual Mammography Radiologist. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. MAMMOGRAPHY RADIOLOGIST. The Government is seeking to place under contract, an individual who has graduated from a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG); graduated from a radiology residency training program approved by the Accreditation Council for Graduate Medical Education, Committee on Postdoctoral Training of the American Osteopathic Association, or other appropriate authority from those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority; board certified in Diagnostic radiology by the American Board of Radiology or by the American Osteopathic Board of Radiology; current certification by Mammography Quality Standards Act of 1992, P.L.102-539 (MQSA)/FDA; fellowship training in mammography for a minimum of one year, or equivalent experience in mammography, i.e., minimum of five years experience in practice of mammography, with 2 years experience in Breast MRI in the past 3 years; demonstrated experience and competence in reading/interpretation of mammograms, performing needle localizations and ultrasound-guided core biopsies; performed an average of at least 12 stereotactic biopsies per year; two months full-time training in mammography interpretation (radiation physics, radiation effects, radiation protection); must meet continuing education and experience in stereotactic breast biopsy. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

You shall serve as a Mammography Radiologist within National Naval Medical Center (NNMC), Bethesda, MD.

Your services shall be provided for the treatment of active duty military personnel, their dependent, eligible DoD civilian employees, and other eligible beneficiaries, designated by the Government.

You shall be scheduled to provide services Monday through Friday for an 8.5 hour shift (to include an uncompensated .5 hour for lunch) between the hours of 0730 to 1630 hours (7:30am to 4:30pm). You will normally not be scheduled on the day of observance of the Federal Holidays. Your specific schedule for each 2-week period will be scheduled 1 month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Mammography Radiologist.

You shall accrue 8 hours of paid leave (i.e. vacation and sick leave) per 2-week period. You shall be fully

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compensated for these periods of authorized leave.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years.

The contract will be renewable each year at the option of the Navy and the contract can be terminated at any time on mutual agreement of both parties.

II. STATEMENT OF WORK

A. The use of "Commander" means Commanding Officer, National Naval Medical Center, Bethesda, MD, or designated representative, e.g., Technical Liaison or Head, Radiology Department.

B. THE MAMMOGRAPHY RADIOLOGIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing indirect medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that this personal service contract creates an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

C. DUTIES AND RESPONSIBILITIES. You shall provide mammography services in support of the Breast Care Center (BCC) on site using Government furnished facilities, equipment, and supplies. Workload is the result of mammogram or procedure requests submitted to the Mammography Division, Radiology Department by other staff physicians within the MTF. You shall interpret all diagnostic and screening mammographic studies and perform all mammographic procedures including stereotactic breast biopsies (Mammotome biopsy systems), needle localizations and ultrasound guided core biopsies according to the standards established by the FDA, ACR and MQSA. You may refer patients to other specialists for consultative opinions and continuation of care and may see the patients of other staff physicians who have been referred for consultation. Medical Staff Bylaws and MTF instructions shall be followed. Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Participate fully in mammography screening program.
2. Perform a full range of inpatient and outpatient mammography, ultrasound, and diagnostic x-ray interpretations for the Mammography Division on-site in the Radiology Department
3. Interpret mammographic studies and provide a formal completed report either dictated through the CHCS system using tape or a voice recognition system or written within 24 hours from the time of the exam.
4. Each report will include the clinical indications for the study, the dates of all films reviewed, a full description of pertinent positive and negative findings according to BI-RADS Lexicon, an impression that includes recommendations for additional studies, follow-up, or biopsy as appropriate, (American College of Radiology (ACR) mammography coding and provider identification code.
5. Provide verbal and written consultation to referring clinicians to include reviewing outside studies, comparing old films to current studies, recommending and performing additional mammographic studies as needed, and recommendations as to the necessity and/or advisability of invasive procedures and biopsy.
6. For each mammographic study interpreted or performed, enter the dates of prior studies, pertinent findings, and recommendations in the mammography log or procedure log as established.
7. For mammographically guided needle localizations, send films with the patient to the operating room demonstrating the needle and the targeted lesion in orthogonal views and clearly noting the orientation of the views provided and the exact location of the targeted lesion. Sonographically guided needle localizations do not require films.
8. Following mammographically guided placement of a needle for excisional biopsy, be available in the Mammography Division to review the specimen radiograph when it is brought down from the main operating room and telephone the surgeon in the OR with the interpretations and recommendations. Include the interpretation and

recommendations made to the surgeon in the dictated report. Send up a specimen radiograph labeled with patient's identifying information with the targeted lesion circled, or a short, signed annotation on the film confirming the absence of the targeted lesion in the specimen. Sonographically guided wire placement specimens do not require specimen radiographs.

9. For stereotactic biopsies, call the patient with the results of the biopsy when the final report is available from pathology. Dictate a report under radiologic-pathologic correlation. Include recommendations for follow-up or additional studies in the report. Maintain a log that tracks the stereotactic specimens submitted, recommendations for follow-up if the results are benign, date patient was notified of results, results of biopsy as described in the final pathology report, whether the pathology result correlate with the mammographic abnormality and any recommendations for repeat biopsy, follow-up or additional studies based on the final pathology results.

For all procedures, follow the division Standard Operating Procedures, including but not limited to Time Out and the 2-patient identifier protocols for patient safety required by JCAHO.

10. Ensure that FDA requirements are met, both with personal certification for diagnostic interpretations and mammographic procedures and in practice patterns, particularly with regard to documentation and follow-up.

11. Participate in research protocols as time permits.

12. Maintain statistical records of workload.

13. Participate in clinical conferences, tumor boards, and committee meetings. Participate in medical education programs and training of residents. Participate in the monthly quality assurance program. Present cases to tumor board held weekly in the BCC.

14. Comply fully with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Graduated from a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

2. Graduated from a radiology residency training program approved by the Accreditation Council for Graduate Medical Education, Committee on Postdoctoral Training of the American Osteopathic Association, or other appropriate authority from those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

3. Possess and maintain board certification in Diagnostic radiology by the American Board of Radiology or by the American Osteopathic Board of Radiology. Current certification by Mammography Quality Standards Act of 1992, P.L.102-539 (MQSA)/FDA.

4. Fellowship training in mammography for a minimum of one year, or equivalent experience in mammography, i.e., minimum of five years experience in practice of mammography, including not less than 2 years of Breast MRI experience in the past 3 years.

5. Possess and maintain a current, valid license in at least one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6. Possess and maintain a current certification in Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

7. Possess and maintain a current Federal DEA narcotics license.

8. Documentation of experience and competence in reading/ interpretation of mammograms from 960 patients during a 24-month period. Any such experience acquired after 1 October 1994 must be under the direct supervision of a qualified interpreting physician.
9. Documentation showing interpretation or review of a minimum of 480 mammograms per year to demonstrate regular clinical activity in the interpretation of diagnostic and screening mammograms if practicing in a teaching institution; or, if in a non-teaching institution, a minimum of 2,000 mammograms per year.
10. Documentation of experience and competence in the performance of needle localizations and ultrasound-guided core biopsies in addition to meeting the above standards regarding stereotactic breast biopsy. Documentation attesting to competence and certification in interpretation of digitally acquired mammographic images.
11. Documentation of demonstrated experience and competence in performing an average of at least 12 stereotactic biopsies per year. Must demonstrate familiarity with the Mammotome and biopsy system.
12. Two months full-time training in mammography interpretation including radiation physics, radiation effects, and radiation protection.
13. For initial accreditation, must have documents showing 3 hours of Category 1 CME in stereotactic breast biopsy followed by documentation of 3 hours of Category 1 CME in stereotactic breast biopsy every three years after initial qualifications are met.
14. Documents demonstrating regular participation in mammography training programs. Initially, the radiologist should have 40 hours of continuing medical education (CME) in mammography (time spent in residency specifically devoted to mammography may be included), and thereafter 15 hour of CME credits in mammography every three years. Documents showing an average of five CME credits (earned or taught) per year in mammography.
15. To specifically address the need for high quality biopsy, the radiologist must meet continuing education and experience requirements specifically in stereotactic breast biopsy in addition to meeting the same qualifications as required to be an interpreting physician under the ACR Standard for the Performance of Screening Mammography as outlined above.
16. Provide three letters of recommendation from three practicing physicians or supervisors attesting to your clinical skills. Reference letters shall attest to the quality and quantity of individual's experience as a Mammography Radiologist and must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 2 years.
17. Be eligible for U.S. employment.
18. Represent an acceptable malpractice risk to the Navy.
19. Submit a fair and reasonable price which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and Quantity of experience as a Mammography Radiologist.
2. The letters of recommendation required in item D.4, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.

3. Candidates with experience in a DOD facility may receive a higher ranking.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Statement" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 3)
3. _____ Two copies of employment eligibility documentation (Attachment 4)
4. _____ A completed CCR Application Confirmation Sheet (Attachment 5)
5. _____ A completed Small Business Program Representations Form (Attachment 6)
6. _____ Three letters of recommendation per paragraph D.4. above.

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>.

A complete, sample contract is available upon request.

Any questions must be directed to **301-619-8277** ; or via e-mail to acquisitions@nmlc.med.navy.mil , use "Code 22T" in Subject Line.

We look forward to receiving your application.

DESCRIPTION/SPECIFICATION/WORK STATEMENT

NOTE 1: The use of Commanding Officer means: Commanding Officer, National Naval Medical Center (NNMC), Bethesda, MD or a designated representative, e.g., Contracting Officer's Representative (COR), Department Head, or the head of the activity designated in a particular task order.

NOTE 2: The term contractor means the offeror identified in block 15A of Standard Form 33 and its health care workers who are providing services under task orders placed under the contract.

NOTE 3: The term health care worker refers to the individual(s) providing services under this contract.

NOTE 4: The term MTE refers to the Medical Treatment Facility at which services are performed.

STATEMENT OF WORK

1. The contractor shall provide, in accordance with this statement of work, one full-time individual who provide comprehensive Mammography Radiologist services at the National Naval Medical Center, Bethesda, MD.

1.1. Contractor services shall be provided for the treatment of active duty military personnel, their eligible family members, eligible Navy civilian employees, and other eligible beneficiaries, in accordance with the terms and conditions of this contract.

2. SUITS ARISING OUT OF MEDICAL MALPRACTICE

2.1. The health care worker(s) is/are serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract.

2.2. Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker(s) receives technical and clinical supervision, guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

2.3. The healthcare workers are not required to maintain medical malpractice liability insurance.

3. DUTY HOURS

3.1 The healthcare worker shall normally provide 40 hours of Mammography Radiologist services within a 2-week period. Services will normally be required Monday through Friday between the hours of 0730 and 1630 (7:30 and 4:30), an 8.5 hour period which includes an uncompensated ½ hour for lunch. The specific work schedule for each 2-week period will be scheduled 1 month in advance by the Head, Radiology Department. Any changes in the schedule shall be coordinated between the individual healthcare worker and the Government. Specific hours may change at the discretion of the Commanding Officer.

3.2. The healthcare workers shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties as a Mammography Radiologist in any other setting immediately prior to reporting for the shift.

3.3. Services will not normally be required on the day of observance of the Federal holidays. You shall be compensated by the Government for these periods of planned absence.

3.4. The Head, Radiology Department will provide clinical oversight and administrative supervision of the health care worker while on duty.

3.5. In the instance where the Government directs the health care worker to remain on duty in excess of their scheduled shift due to an unforeseen emergency or to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health, the health care worker shall remain on duty. The Government will coordinate with the Contractor on a case-by-case basis with the goal of granting an equal amount of compensatory time to the health care worker to mitigate Contractor overtime. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the shift.

4. ABSENCES AND LEAVE

4.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Department Head or his/her designee. The healthcare worker shall accrue eight (8) hours of personal leave at the end of every 2-week period worked (80 hours). This leave shall be used for both planned (vacation) and unplanned (sickness) absences. The health care worker shall be compensated by the Government for these periods of authorized planned absence.

4.2. For unplanned absences due to illness or other incapacitation, the health care worker shall follow the policy of the Commanding Officer regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commanding Officer to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the Government for these periods of authorized absence.

4.3. Any and all personal leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. At the discretion of the Commanding Officer, any personal leave accrued by the health care worker can be carried over through 31 December of the calendar year except during the last option year of the contract. Any personal leave not used by 31 December will be forfeited. Any personal leave not used by 30 September of the last option year will be forfeited. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued leave must be used within that period, or forfeited. Leave taken for sickness during this period shall be supported by a physician's statement of illness upon request.

4.4. Up to twelve (12) weeks of maternity leave "leave without pay" may be granted to the healthcare worker during the period of the contract if either of two conditions should occur: (1) the birth of a son or daughter of the healthcare worker and the care of such son or daughter; or, (2) the placement of a son or daughter with the healthcare worker for adoption or foster care. The Commanding Officer and healthcare worker will agree on the length of maternity leave. At the option of the Government and pursuant to paragraphs herein, any or all accrued leave (leave with pay) shall be first applied towards maternity leave before going into a leave without pay status.

4.5. Administrative leave may be granted for healthcare workers selected to serve jury duty. Requests for administrative jury duty leave shall be submitted to the Commanding Officer in the same manner as planned leave is requested. You are required to provide the Commanding Officer with as much written notice as possible prior to reporting for jury duty, and is responsible for supplying documentation regarding the necessity for and length of absence for jury duty. A healthcare worker whose position is deemed critical by the Commanding Officer may be issued a written request for the court to excuse the healthcare worker from jury duty. The health care worker shall be compensated by the Government for these periods of authorized administrative leave.

4.6. Administrative Leave. For unusual and compelling circumstances (e.g., weather emergencies) in which the Commanding Officer either excuses all facility personnel from reporting to work or dismisses all personnel early, the Commanding Officer is authorized to grant administrative leave to the health care worker. This administrative leave may be compensated leave.

4.7. Furlough. Unless otherwise authorized by a defense appropriations bill, contractors shall not be reimbursed by the Government for services not rendered during a Government furlough. In the event of a Government Furlough, the Commanding Officer will determine which contract employees are considered critical and therefore must report

to work. Contract employees deemed critical shall be compensated for services rendered during a furlough. All other contract employees shall be furloughed until the Government shutdown ends or they are notified by the Contracting Officer's Representative that they have become critical employees.

4.8. A health care worker with a bona fide medical emergency occurring while on duty or with an on-the-job injury will be provided medical care until the condition is stabilized. The contractor will reimburse the Government for all medical services provided unless the health care worker is otherwise entitled to Government medical services.

5. DUTIES AND RESPONSIBILITIES. You shall provide mammography services in support of the Breast Care Center (BCC) on site using Government furnished facilities, equipment, and supplies. Workload is the result of mammogram or procedure requests submitted to the Mammography Division, Radiology Department by other staff physicians within the MTF. You shall interpret all diagnostic and screening mammographic studies and perform all mammographic procedures including stereotactic breast biopsies (Mammotome biopsy systems), needle localizations and ultrasound guided core biopsies according to the standards established by the FDA, ACR and MQSA. You may refer patients to other specialists for consultative opinions and continuation of care and may see the patients of other staff physicians who have been referred for consultation. Medical Staff Bylaws and MTF instructions shall be followed. Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

5.1. Participate in mammography screening program.

5.2. Perform a full range of inpatient and outpatient mammography, ultrasound, and diagnostic x-ray interpretations for the Mammography Division on-site in the Radiology Department

5.3. Interpret mammographic studies and provide a formal report either dictated through the CHCS system or written within 24 hours from the time of the exam.

5.4. Each report will include the clinical indications for the study, the dates of all films reviewed, a full description of pertinent positive and negative findings according to BI-RADS Lexicon, an impression that includes recommendations for additional studies, follow-up, or biopsy as appropriate, (American College of Radiology (ACR) mammography coding and provider identification code.

5.5. Provide verbal and written consultation to referring clinicians to include reviewing outside studies, comparing old films to current studies, recommending and performing additional mammographic studies as needed, and recommendations as to the necessity and/or advisability of invasive procedures and biopsy.

5.6. For each mammographic study interpreted or performed, enter the dates of prior studies, pertinent findings, and recommendations in the mammography log or procedure log as established.

5.7. For mammographically guided needle localizations, send films with the patient to the operating room demonstrating the needle and the targeted lesion in orthogonal views and noting the orientation of the views provided and the exact location of the targeted lesion. Sonographically guided needle localizations do not require films.

5.8. Following mammographically guided placement of a needle for excisional biopsy, be available in the Mammography Division to review the specimen radiograph when it is brought down from the main operating room and telephone the surgeon in the OR with the interpretations and recommendations. Include the interpretation and recommendations made to the surgeon in the dictated report. Send up a specimen radiograph labeled with patient's identifying information with the targeted lesion circled, or a short, signed annotation on the film confirming the absence of the targeted lesion in the specimen. Sonographically guided wire placement specimens do not require specimen radiographs.

5.9. For stereotactic biopsies, call the patient with the results of the biopsy when the final report is available from pathology. Dictate a report under radiologic-pathologic correlation. Include recommendations for follow-up or additional studies in the report. Maintain a log that tracks the stereotactic specimens submitted, recommendations for follow-up if the results are benign, date patient was notified of results, results of biopsy as described in the final

pathology report, whether the pathology result correlate with the mammographic abnormality and any recommendations for repeat biopsy, follow-up or additional studies based on the final pathology results.

5.10. Ensure that FDA requirements are met, both with personal certification for diagnostic interpretations and mammographic procedures and in practice patterns, particularly with regard to documentation and follow-up.

5.11. Participate in research protocols as time permits.

5.12. Maintain statistical records of workload.

5.13. Participate in clinical conferences, tumor boards, and committee meetings. Participate in medical education programs and training of residents. Participate in the monthly quality assurance program. Present cases to tumor board held weekly in the BCC.

5.14. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

6. FAILURE AND/OR INABILITY TO PERFORM

6.1. If clinical privileges of a health care worker have been summarily suspended pending an investigation into questions of professional ethics or conduct, performance may be suspended until clinical privileges are reinstated. No reimbursement shall be made to the contractor for the affected healthcare worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the state in which the license is held.

6.2. Any healthcare worker(s) demonstrating impaired judgment, will be removed from providing healthcare services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

6.3. Any healthcare worker(s) with alcohol or drug abuse problems may be allowed to return to work under the terms of this contract only with prior Government approval.

7. ORIENTATION

7.1. Prior to providing service under this contract, the health care worker selected to provide services shall undergo a 1 to 2 day on-site hospital orientation period at the expense of the Government. The COR may elect to waive orientation for individuals who have previously worked at NNMC Bethesda. The hospital orientation shall include familiarization with the facility complex, assignment of duty schedules, introduction to command rules and regulations, safety and fire regulations, introduction to military protocols such as military structure, time and rank, acquisition of parking permits and clarification of rights and responsibilities. Orientation will take place during regularly scheduled shift coverage.

7.2. The Government will provide initial one-time training on CHCS. This training is subject to revision by the Government. CHCS installations at other hospitals are continually being evaluated and training requirements change frequently.

8. GENERAL REQUIREMENTS

8.1. Health care workers shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), Principles of Ethical Conduct for Government Officers and Employees, and shall also comply with Department of Defense (DOD) and Department of the Navy (DON) regulations implementing this Executive Order.

8.2. Health care workers shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by health care workers shall be registered with the base security service according to

applicable directives. Eating by health care workers is prohibited in patient care areas/clinics and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

8.3. Health care workers shall comply with all applicable State and local laws and MTF instructions and policies.

8.4. Health care workers ARE NOT prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the healthcare worker is required to render services under this contract. Health care workers shall make no use of Government facilities or property in connection with such other employment. (See Attachment V, NAVMED P-117, Chapter 1-22 applies, available at <http://www.vnh.org/Admin/MMD/001Contents.html>).

8.5. While on duty, health care workers shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the health care worker when they are not on duty, or from a partner or group associated in practice with the contractor, except with the express written consent of the Commanding Officer. The contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

8.6. Health care workers shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. Health care workers shall display an identification badge, which includes the health care worker's full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty.

8.7. Health care workers shall read, write, speak, and understand the English language fluently, unaccented to the degree that it can be clearly understood over the telephone or in the dictation system, and maintain good communication skills with patients and other healthcare personnel.

8.8. Health care workers shall be physically capable of standing and/or sitting for extended periods of time and capable of normal ambulation.

8.9. Health care workers shall be eligible for U.S. employment. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.

8.10. Health care workers shall represent an acceptable malpractice risk to the Government.

9. PERSONNEL QUALIFICATIONS. The Contractor shall provide health care workers who meet and maintain not less than the minimum qualifications given in this section.

9.1. Graduated from a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

9.2. Graduated from a radiology residency training program approved by the Accreditation Council for Graduate Medical Education, Committee on Postdoctoral Training of the American Osteopathic Association, or other appropriate authority from those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

9.3. Possess and maintain board certification in Diagnostic radiology by the American Board of Radiology or by the American Osteopathic Board of Radiology. Current certification by Mammography Quality Standards Act of 1992, P.L.102-539 (MQSA)/FDA.

9.4. Fellowship training in mammography for a minimum of one year, or equivalent experience in mammography, i.e., minimum of five years experience in practice of mammography.

9.5. Possess and maintain a current, valid license in at least one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

9.6. Possess and maintain a current certification in Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

9.7. Possess and maintain a current Federal DEA narcotics license.

9.8. Documentation of experience and competence in reading/ interpretation of mammograms from 960 patients during a 24-month period. Any such experience acquired after 1 October 1994 must be under the direct supervision of a qualified interpreting physician.

9.9. Documentation showing interpretation or review of a minimum of 480 mammograms per year to demonstrate regular clinical activity in the interpretation of diagnostic and screening mammograms if practicing in a teaching institution; or, if in a non-teaching institution, a minimum of 2,000 mammograms per year.

9.10. Documentation of experience and competence in the performance of needle localizations and ultrasound-guided core biopsies in addition to meeting the above standards regarding stereotactic breast biopsy. Documentation attesting to competence and certification in interpretation of digitally acquired mammographic images.

9.11. Documentation of demonstrated experience and competence in performing an average of at least 12 stereotactic biopsies per year. Must demonstrate familiarity with the Mammotome and biopsy system.

9.12. Two months full-time training in mammography interpretation including radiation physics, radiation effects, and radiation protection.

9.13. For initial accreditation, must have documents showing 3 hours of Category 1 CME in stereotactic breast biopsy followed by documentation of 3 hours of Category 1 CME every three years after initial qualifications are met.

9.14. Documents demonstrating regular participation in mammography training programs. Initially, the radiologist should have 40 hours of continuing medical education (CME) in mammography (time spent in residency specifically devoted to mammography may be included), and thereafter 15 hour of CME credits in mammography every three years. Documents showing an average of five CME credits (earned or taught) per year in mammography.

9.15. To specifically address the need for high quality biopsy, the radiologist must meet continuing education and experience requirements specifically in stereotactic breast biopsy in addition to meeting the same qualifications as required to be an interpreting physician under the ACR Standard for the Performance of Screening Mammography as outlined above.

9.16. Provide three letters of recommendation from three practicing physicians or supervisors attesting to your clinical skills. Reference letters shall attest to the quality and quantity of individual's experience as a Mammography Radiologist and must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

10. CREDENTIALING AND PRIVILEGING

10.1. Following award, the Contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Credentials File (ICF) for the health care provider prior to performance of services. The ICF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in Appendix R of BUMEDINST 6320.66D of March 2003 and subsequent revisions. ICFs for health care practitioners who do not currently have an ICF on file at the facility shall be submitted at least 30 days prior to commencement of services. For those health care providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers, with notation that a complete up-to-date ICF is on file, shall be submitted no less than 15 days prior to commencement of services.

10.2. Upon receipt of a complete ICF, the COR will forward it to the Professional Affairs Department for approval and credentialing of the individual health care provider. The Professional Affairs Department will ensure the ICF is complete in accordance with BUMEDINST 6320.66D. The contractor shall not assign an individual to work at the MTF until the health care provider's ICF has been approved and should discontinue the service of an individual who fails to maintain compliance with qualification and credentialing requirements.

10.3. A copy of BUMEDINST 6320.66D is available at
<http://navalmedicine.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

11. REGULATORY COMPLIANCE REQUIREMENTS

11.1. Each health care worker shall obtain, at contractor expense, within 60 days prior to start of services, a statement from the health care worker's physician or a report of a physical examination indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described in the contract. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on **(insert date)**, the following findings are true and accurate:

1. **(Name of health care worker)** is suffering from no physical disability which would restrict him/her from providing services as a (specialty).

2. **(Name of health care worker)** is not suffering from tuberculosis, hepatitis, sexually transmitted or other contagious diseases which restricts them from providing services as a **(specialty)**. **(Name of health care worker)** has had a current (within 6 months) TB skin test (mantoux) reading or if a known reactor, an evaluation indicating no active disease.

3. **(Name of health care worker)** is considered free from Hepatitis B infection on the basis of having (circle the applicable number):

3a. Received at least 3 doses of recombinant hepatitis B vaccine currently licensed in the United States, or,

3b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,

3c. Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious convictions or medical contraindication only), or,

3d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).

4. **(Name of health care worker)** is considered to have evidence of immunity to Measles, Mumps and Rubella (MMR) by either (**circle 1**): positive antibody titer, evidence of MMR immunization or, documentation of physician-diagnosed MMR.

5. **(Name of health care worker)** shows evidence of immunity to varicella by either (circle one): positive antibody titer; evidence of varicella immunization; or a statement of history of chicken pox.

(signed)

Examining Physician

Examining Physician Information:

Name: _____

Address: _____

11.2. Except as provided in paragraph C.11.3, no medical tests or procedures required by the contract may be performed at the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

11.3. Further, health care workers shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commanding Officer may deem necessary for preventive medicine, performance improvement, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by private physician or dentist, at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If, the health care worker chooses to be immunized by the Government they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

11.4. For individuals who do not show a positive antibody titer after immunization and appear to have a "non-immune" status, that employee must report varicella exposure to the COR and, in accordance with Centers for Disease Control Recommendations, may need to be removed from patient care duties beginning on the tenth day following exposure and remain away from work for the maximum incubation period of varicella (21 days). In this instance, personnel under this contract who accrue leave will be considered to be in a leave status; all other personnel must be replaced during this period to ensure maintenance of contractually required coverage.

11.5. On an annual basis, healthcare workers must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing.

11.6. The management of HIV positive health care workers shall be consistent with current Center for Disease Control Guidelines (CDC) guidelines and Section 503 of Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

11.7. The health care worker shall participate in the Command's Bloodborne Pathogen Program orientation which is included in the on-site hospital orientation. The health care worker shall also participate in annual training and training for new procedures with the potential for occupational exposure to bloodborne pathogens. Health care worker's involved in an exposure incident shall follow MTF regulations and procedures.

11.8. The health care workers shall comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV during all invasive procedures.

11.9. Health care workers shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by health care workers shall be registered with the base security service according to applicable directives. Eating by health care workers is prohibited in patient care areas/clinics and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

11.10. All financial, statistical, personnel, and technical data which are furnished, produced or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the Technical Liaison. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the Technical Liaison before publication or dissemination.

11.11. The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse

among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving, with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he/she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny clinical privileges as well as installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

12. CRIME CONTROL ACT OF 1990 REQUIREMENT.

12.1. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 102-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

12.2. The Government will conduct criminal background checks on all contractor employees providing child care services under this contract based on fingerprints of contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories.

12.3. Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

12.4. With written recommendation from the Commanding Officer and the approval one level above the Contracting Officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

12.5. Contractor employees shall have the right to obtain a copy of any background check pertaining to themselves and to challenge the accuracy and completeness of the information contained in the report.

Personal Qualifications Statement – Mammography Radiologist

1. Every item on the Personal Qualifications Statement (PQS) must be addressed. Please sign and date in each required location. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine whether you meet the minimum qualifications required by the solicitation and the extent to which you possess the enhancing qualifications discussed below.
3. After contract award, all of the information you provide will be verified during the credentials review and privileging process. At that time, you will be required to provide documentation verifying your qualifications as specified in BUMEDINST 6320.66D and in accordance with its Appendices B and R. If you submit false information, the following may occur:
 - a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future government contracts.
 - b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioner Data Bank.
4. Health certification. Individuals providing services under government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice information:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| b. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| c. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 5a and 5b above and the state of the revocation for number 5c above.

6. **Health Care Worker Certificate Of Availability:** I have agreed to provide services as a Mammography Radiologist at National Naval Medical Center, Bethesda, Maryland as an individual contractor. I am available to begin providing these services on _____ [date].

Signature _____
Date _____

7. Privacy act statement

Under 5 U.S.C. 552a and executive order 9397, the information provided on this page and the personal qualifications statement is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract. I understand the provisions of the Privacy Act of 1974 and Executive Order 9397 as related to me through the foregoing statement.

Signature _____

Date _____

Personal Qualifications Statement – Mammography Radiologist

I. General Information

Name: _____ SSN: _____

 Last First Middle
Address: _____

Phone: _____

Medical Information

YES NO

- | | | |
|--|-------|-------|
| 1. Do you have any physical or mental impairment that could limit your clinical practice? | _____ | _____ |
| 2. Have you been hospitalized for any reason during the past 5 years? | _____ | _____ |
| 3. Are you currently receiving or have you ever received formal mental health therapy or treatment? | _____ | _____ |
| 4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition? | _____ | _____ |
| 5. Have you ever been unlawfully involved in the use of controlled substances? | _____ | _____ |

Provide explanation for each "Yes" answer above:

II. Professional Education:

Medical Degree from: _____

(Name of accredited school and location)

Date of degree: _____ (mm/dd/yy)

Residency Training: _____
 Specialty Date of Completion (mm/dd/yy)

Residency Training: _____
 Specialty Date of Completion (mm/dd/yy)

Provide information regarding additional degrees: _____

III. Professional Licensure and Certification :

Board Certification: _____
Specialty _____ Date of Certification (mm/dd/yy) _____

Board Certification: _____
Specialty _____ Date of Certification (mm/dd/yy) _____

	State	Date of Expiration
Medical License	_____	_____
Medical License	_____	_____
Medical License	_____	_____
Medical License	_____	_____

Do you currently hold the following required certifications?

BLS: Yes _____ No _____ Expiration Date: _____
(mm/dd/yy)

DEA: Yes _____ No _____ If "No," certify by initialing that you will acquire certification prior to submitting your application for privileges _____.

IV. Professional Employment: List your current and preceding employers.

<u>Name and address of present employer</u>	<u>From</u>	<u>To</u>	<u>Position held</u>
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(1)

Description of duties performed:

Names and addresses of preceding employers

<u>From</u>	<u>To</u>	<u>Position held</u>
-------------	-----------	----------------------

(2)

Description of duties performed:

Names and addresses of preceding employers

<u>From</u>	<u>To</u>	<u>Position held</u>
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(3)

Description of duties performed:

Names and addresses of preceding employers

<u>From</u>	<u>To</u>	<u>Position held</u>
-------------	-----------	----------------------

(4)

Description of duties performed:

Additional Qualifications/Experience/Training:

Fellowship training in mammography for a minimum of one year, or equivalent experience in mammography, i.e., minimum of five years experience in practice of mammography. ☐ Yes ☐ No

Demonstrated experience and competence in reading/interpretation of mammograms: ☐ Yes ☐ No

Performed needle localizations and ultrasound-guided core biopsies: ☐ Yes ☐ No

Performed an average of at least 12 stereotactic biopsies per year: ☐ Yes ☐ No

Two months full-time training in mammography interpretation (radiation physics, radiation effects, radiation protection): ☐ Yes ☐ No

Meet continuing education and experience in stereotactic breast biopsy: ☐ Yes ☐ No

V. Letters of Reference: Provide three letters of recommendation from three practicing physicians or supervisors attesting to your clinical skills. Reference letters shall attest to the quality and quantity of individual's experience as a Mammography Radiologist and must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

VI. Current Navy contracts.

Are you currently employed on a navy contract? Yes ☐ No ☐ If "Yes," where is your current contract and what is the position? _____ When does the contract expire? _____

VII. Employment eligibility:

Do you meet the requirements for U.S. Employment Eligibility? Yes ☐ No ☐

VIII. I hereby certify the information provided in this PQS to be true and accurate. I further acknowledge that I will submit, in accordance with provisions of the solicitation, evidence of my qualifications, including letters of recommendation, as part of my application for clinical privileges.

Signature _____
Date _____

ATTACHMENT 3

**PRICING SHEET
PERIOD OF PERFORMANCE**

Services are required from 1 October 2004 through 30 September 2005. Four option periods will be included which will extend services through 30 September 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Thoracic Radiologists in the Bethesda, MD area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Price</u>	<u>Total Amount</u>
	The offeror agrees to perform				
	on behalf of the Government, the				
	duties of one Thoracic Radiologist at				
	the National Naval Medical Center, Bethesda,				
	MD, in accordance with this				
	Application and the resulting contract.				
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	52.2	Week		
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	52	Week		
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	52	Week		
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	52.4	Week		
0001AF	Option Period IV; 1 Oct 08 thru 30 Sep 09	52.2	Week		

TOTAL CONTRACT

\$ _____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 4

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A**

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 5

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-8277 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22T
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).